

FORM-U
COMBINED ANNUAL RETURN

[(See Rule 24(9-C)]

of Karnataka Shops and Commercial Establishment Rules, 1963) in lieu of

1. Form XXVV Rules 82(2) of Contract Labour (Regulation & Abolition) Karnataka Rules, 1974.
2. Form III Rule 22(4) Karnataka Minimum Wages Rules, 1958.
3. Form XX Rule 20(1) of Karnataka Payment of Wages Rules, 1963.
4. Form 20 Rule 16 of Karnataka Maternity Benefits Rules, 1963.

| | | | | | | |
|--|---|--|----------------------------------|--|--|---|
| 1.Name of the Establishment | | | | | | |
| 2.Full Postal Address: | | | | | | |
| 1. Establishment | | | | | Telephone | |
| Location | | | | | Fax | |
| Address | | | | | e-mail | _ |
| 2. Registered office/ Head office | | | | | | |
| Location | | | | | | |
| Address | | | | | | |
| 3. Name & residential address of the Employer or a person responsible for Conduct & control of Business | | | | | | |
| Name | | Designation | | Residential Address | | Telephone |
| | | | | | | Office |
| | | | | | | Residence |
| | | | | | | Mobile |
| | | | | | | e-mail |
| 4. Name and Residential Address of the Manager/Authorized Signatory: | | | | | | |
| Name | | Designation | | Residential Address | | Telephone |
| | | | | | | Office |
| | | | | | | Residence |
| | | | | | | Mobil |
| | | | | | | e-mail |
| 5. Nature of business of the Establishment: | | | | | | |
| 6. A) Particulars of Employment | | | | | | |
| | No. of persons on roll as on 1-1-200 (Year commencement date) | No. of persons on Roll as on 31-12-200 (Year end date) | No. of days establishment worked | No. of Man days worked during the year | No. of man hours worked including O.T. during the year | Total amount of salary/wages paid including O.T. wages and allowances (in Rs, |
| Men | | | | | | |
| Women | | | | | | |
| Total | | | | | | |
| 6. B) No. of employees whose employment is ceased: | | | | | | |
| No. of employees discharged/ dismissed/ terminated/ retrenched/ resigned/ retired during the year | | | | Amount of compensation paid | | No. of employees suspended during the year |
| 1 | | | | 2 | | 3 |
| | | | | | | Amount of subsistence allowance paid |
| | | | | | | 4 |

| 7. Particulars of Earned Leave with Wages | | | | | |
|--|---|--------------------------------|--|---|---|
| Category of employees | | Total no. of persons employed | No. of employees eligible for earhed leave | No. of employees availed\Granted earned leave | No. of employees paid wages/salary in lieu of earned leave. |
| | 1 | 2 | 3 | 4 | 5 |
| i) Men | | | | | |
| ii) Women | | | | | |
| 8. Whether the following Welfare measures are provided? | | | | | |
| 1. Canteen | | | | | |
| 2. Creches | | | | | |
| 3. Shelters, Rest rooms and Lunch rooms | | | | | |
| 4. Transport facility | | | | | |
| 9. Maternity Benefit : | | | | | |
| A) Particulars of Maternity Benefits: | | | | | |
| 1. Total No. of women workers who worked for a period of 160 days in the last 12 months immediately preceding the date of delivery | | | | | |
| 2. No. of women workers discharged/dismissed in the last 12 months | | | | | |
| 3. No. of women workers for whom pre-natal confinement and post-natal confinement is provided by the employer with free of cost. | | | | | |
| 4. No. of women workers died | | | | a. Before delivery | b. After delivery |
| | | | | | |
| 9-B Leave / additional leave details: | | | | | |
| Item | | No. of women applied for leave | Leave sanctioned | Leave rejected | |
| Miscarriage | | | | | |
| Illness(additional leave under Section 10) | | | | | |
| 9-C Maternity Benefit paid: | | | | | |
| Item | | No. of Claims | No. of leaves sanctioned | No. of claims rejected | Total benefit paid in Rs. |
| Confinement | | | | | |
| Miscarriage | | | | | |
| Illness | | | | | |
| Medical Bonus | | | | | |
| 10. Particulars of deductions made from salary(wages) | | | | | |
| | | No of employees involved | Total amount of deductions made | | |
| i) Fines | | | | | |
| ii) Damages/ Loss | | | | | |
| iii) Breach of contract | | | | | |
| iv) Others | | | | | |
| Total | | | | | |

| 11. Contract Labour: | | | | | | | |
|--------------------------------------|--|--------------------|----|----------------|----------------------------------|--------------------|-----------------------|
| Names and address of the contractors | | Period of Contract | | Nature of work | No. of contract workmen employed | No. of days worked | No. of mandays worked |
| | | | | | | | |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Total | | | |

Certified that the information furnished above to the best of my knowledge and belief, is correct.

Date:

Place:

Signature of employer/ Manager/ Authorised Signatory
Name (IN CAPITALS)

Designation: